

Proposal # 2001 - 6201 (Office Use Only)

A. PSP Cover Sheet

Proposal Title: Wildlife-Friendly Farming Demonstration
Applicant Name: Bureau of Land Management, Folsom Field Office,
Cosumnes River Preserve
Contact Name: Rick Cooper
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Amount of funding requested: \$1,314,310.00

Some entities charge different costs dependent on the source of the funds. If it is different for state or federal funds list below.

State cost _____ Federal cost _____

Cost share partners? ☒ Yes ☐ No

Identify partners and amount contributed by each M&T Staten Ranch \$417,364.00,
California Department of Water Resources \$67,550.00

Indicate the Topic for which you are applying (check only one box).

- | | |
|--|--|
| <input type="checkbox"/> Natural Flow Regimes | <input checked="" type="checkbox"/> Beyond the Riparian Corridor |
| <input type="checkbox"/> Nonnative Invasive Species | <input type="checkbox"/> Local Watershed Stewardship |
| <input type="checkbox"/> Channel Dynamics/Sediment Transport | <input type="checkbox"/> Environmental Education |
| <input type="checkbox"/> Flood Management | <input type="checkbox"/> Special Status Species Surveys and Studies |
| <input type="checkbox"/> Shallow Water Tidal/Marsh Habitat | <input type="checkbox"/> Fishery Monitoring, Assessment and Research |
| <input type="checkbox"/> Contaminants | <input type="checkbox"/> Fish Screens |

What county or counties is the project located in? San Joaquin

What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as possible. 11.2 Mokelumne River

Indicate the type of applicant (check only one box):

- | | |
|--|--|
| <input type="checkbox"/> State agency | <input checked="" type="checkbox"/> Federal agency |
| <input type="checkbox"/> Public/Non-profit joint venture | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Local government/district | <input type="checkbox"/> Tribes |
| <input type="checkbox"/> University | <input type="checkbox"/> Private party |
| <input type="checkbox"/> Other: _____ | |